MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10150

Dr. Hornbaker 10157

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 422 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) PRISCILLA (Last) ALVORD

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	May 21, 1886	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sprechers Mill, Md.	USA

13. FATHER'S NAME: William H. Sprecher

14. MOTHER'S MAIDEN NAME: Emma K. Neibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	— — —	None	Charles F. Alvord

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X
IMMEDIATE CAUSE — (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized cerebral arteriosclerosis — Unknown

DUE TO (C) Rheumatic heart disease — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18 19 55, to 10-20, 19 55, that I last saw the deceased alive on 10-20, 19 55, and that death occurred at 5.08 P.M., from the causes and on the date stated above.

SIGNATURE: John H. Hornbaker M. D. — ADDRESS: 154 W. Washington St. Hagerstown, Md. — DATE SIGNED: 10-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-23-55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Oct. 22, 1955	Chas. H. Bowers	Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10158 10160

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 1141 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 1141 Oak Hill Avenue /

3. NAME OF DECEASED: (Type or Print) Robert (First) Norman (Middle) Bachtell, Sr. (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-29-1900

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months 3 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V. Pres. Bank

10B. KIND OF BUSINESS OR INDUSTRY: Hagerstown Bank

11. BIRTHPLACE (State or foreign country): Edgemont, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tracy A. Bachtell

14. MOTHER'S MAIDEN NAME: Amanda Stouffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-0357

17. INFORMANT & ADDRESS: Mrs. Robert N. Bachtell, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cardio Vascular Lesion — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3- , 19 55, to 10-24, 19 55, that I last saw the deceased alive on 10-24, 19 55, and that death occurred at 9:30 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-27-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR NOV 26 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10161

10199 CERTIFICATE OF DEATH Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Hagerstown
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gate Way Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md. X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Mary (Last) Barnhart

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 2.15.1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 7 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington County MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Heller

14. MOTHER'S MAIDEN NAME: Fannie Murray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles A Barnhart R.F.D.1 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Myocardial Sclerosis — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis — 10 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1955, to Oct 13, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 12.45 P.M., from the causes and on the date stated above.

SIGNATURE, (Degree or title) David R Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED Oct 14, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-16-55
NAME OF CEMETERY OR CREMATORY Black Oak Mennonite Cemetery
LOCATION (City, town, or county) (State) Warfordsburg Fulton Penna.

DATE REC'D BY LOCAL REGISTRAR 10/14/55
REGISTRAR'S SIGNATURE J A Weller

24. FUNERAL DIRECTOR Howard J Stone ADDRESS Hancock md

10159

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10163

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (In this place) 50yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown, Maryland. 03
STREET ADDRESS (If rural, give location) 53 W. North Street.

3. NAME OF DECEASED: (Type or Print) (First) Marguerite (Middle) Turner (Last) Brown

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 13 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ellsworth Turner

14. MOTHER'S MAIDEN NAME: Mary Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-3553

17. INFORMANT & ADDRESS: James F. Brown 142 W. North Street.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 acute coronary occlusion — Interval Between Onset and Death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thyrotoxicosis

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-3-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REG. Nov 3, 1955

REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR ADDRESS John R Watson Jr Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10164

Dr. Wm. Layman 10160

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1224 Ravenwood Road

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MARIE (Last) BUSEY

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 8,1895

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel E. Hammersla

14. MOTHER'S MAIDEN NAME: Nina Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Oscar S. Busey

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9
IMMEDIATE CAUSE (A) Mucoid Carcinoma, Metastatic involving
ANTECEDENT CAUSE (S) DUE TO mediastinum and abdominal cavity
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive cardiovascular disease DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
4 Mos. certain
6 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Biopsy(supra clavicular node -7-6-55 -

19B. MAJOR FINDINGS OF OPERATION: Metastic mucoid, carcinoma

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 55 to Oct. 30, 1955, that I last saw the deceased alive on Oct. 29th 1955., and that death occurred at 6:45 A.M. from the causes and on the date stated above.

SIGNATURE W. T. Layman, M. D. W. T. Layman M. D.
ADDRESS Hagerstown, Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-1-55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 31. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10165

Dr. Hirshman 10200

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Gapland
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gapland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 432 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) BLANCHE (Last) CHANEY

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. Sept. 27, 1891

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Maintenance

11. BIRTHPLACE (State or foreign country): Tilghmanton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Coats

14. MOTHER'S MAIDEN NAME: Susan Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. unable to locate

17. INFORMANT & ADDRESS: Mr. Howard M. Chaney

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular Disease — 5 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ....., 19 50 ....., to Oct 19 ....., 1955, that I last saw the deceased alive on Oct 18th, 1955, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE Charles J Hirshman M. D. ADDRESS Hagerstown Md DATE SIGNED 10/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | **DATE THEREOF** 10-21-55 | **NAME OF CEMETERY OR CREMATORY** Manor Cemetery | **LOCATION** (City, town, or county) (State) nr. Tilghmanton, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1955 | **REGISTRAR'S SIGNATURE** Katherine Lagenour

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. **ADDRESS**

10166

MARYLAND STATE DEPARTMENT OF HEALTH

10161 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: On S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 121 East Washington Street

3. NAME OF DECEASED (Type or Print): (First) Hjalmar (Middle) Lund (Last) Christensen

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 10, 1884

9. AGE last birthday: 71 yrs. If under 1 year: Months 7, Days 27, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Vending Mach. Co.

11. BIRTHPLACE (State or foreign country): Silkeborg, Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Christensen

14. MOTHER'S MAIDEN NAME: Maren Nielsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 480-14-0853

17. INFORMANT AND ADDRESS: Mrs. E. Lee Stine, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) vascular Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD.

ADDRESS: 115 N. Potomac St- Hagerstown, Md.

DATE SIGNED: Oct. 7 '55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10-9-1955

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Oct. 8, 1955

REGISTRAR'S SIGNATURE: Frank H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10162 10167

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 HAGERSTOWN
LENGTH OF STAY (in this place) 1YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 424 N. LOCUST ST.

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) THEODORE (Last) CHURCHEY

4. DATE OF DEATH: (Month) OCT. (Day) 28 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10/5/1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: AUTO REPAIR SHOP

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN CHURCHEY

14. MOTHER'S MAIDEN NAME: EFFIE I. KENDALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 414-09-3984

17. INFORMANT & ADDRESS: MRS. MABEL CHURCHEY HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 540.0 Intestinal Obstruction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Recurrent Gastric Ulcers DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1955, to Oct. 28, 1955, that I last saw the deceased alive on Oct. 27, 1955, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Camp M.D. ADDRESS 145 W. Wash. St. DATE SIGNED Oct. 29, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/31/55 NAME OF CEMETERY OR CREMATORY Greenhill Cem. LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 31, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Tormont ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10201

CERTIFICATE OF DEATH

Dr Ralph Young

10168

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R#3
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R# 4 X
STREET ADDRESS (If rural give location) Laugansville Rd

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) SPIELMAN (Last) CLINE

4. DATE OF DEATH. (Month) Oct (Day) 1 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 27 1877
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mt Moriah Wash Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George U. Spielman
14. MOTHER'S MAIDEN NAME: Manzella Highbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. A-B 220-36-5187
17. INFORMANT & ADDRESS: J. Christian Cline

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 43.1
(A) Coronary Thrombosis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: Day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30/55, 19.., to 10/1/55 19..., that I last saw the deceased alive on 10/1/55, 19..., and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE L. F. Young M. D. ADDRESS Williamsport, Md. DATE SIGNED 10/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/3/55
NAME OF CEMETERY OR CREMATORY Dunkard Cmetery
LOCATION (City, town, or county) (State) Broadfording Wash. Co Md

DATE REC'D BY LOCAL REGISTRAR Oct 2, 1955
REGISTRAR'S SIGNATURE C Lil McElroy
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10169

10163 Dr Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 546 Salem Ave

3. NAME OF DECEASED: (Type or Print) (First) JANET (Middle) LORRAINE (Last) DALEY

4. DATE OF DEATH: (Month) (Day) (Year) Oct 24 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Oct 22 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Angle Daley

14. MOTHER'S MAIDEN NAME: Virginia Hoover

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Angle Daley 546 Salem Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 776X Prematurity 24 hrs DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-55, to 10-24-55, that I last saw the deceased alive on 10-24-55, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/25/55 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 25 1955 REGISTRAR'S SIGNATURE Atlas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

2105255281

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10164 **CERTIFICATE OF DEATH** Dr Ditto 10170

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Washington — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 03 Hagerstown
   LENGTH OF STAY (in this place): 3 Days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
   STREET ADDRESS (If rural give location): 546 Salem Ave

3. NAME OF DECEASED (Type or Print): (First) JUNE (Middle) LOUISE (Last) DALEY

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 22 1955

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Angle Daley

14. MOTHER'S MAIDEN NAME: Virginia Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Angle Daley 54 Salem Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 776X Premature 26 hrs — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22-55, to 10-24-55, that I last saw the deceased alive on 10-24-55, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Houston M.D. ADDRESS — DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/25/55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 25, 1955 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10165 **CERTIFICATE OF DEATH** Reg. Dist. No. 22 10171

1. PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 7 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 SUMMIT AVE,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 419 SUMMIT AVE.

3. NAME OF DECEASED: (Type or Print) (First) MITCHELL (Middle) HENRY (Last) DODSON JR.

4. DATE OF DEATH: (Month) IO (Day) 2 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: 8/9/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 1 Days 23 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10B. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MITCHELL HENRY DODSON SR.

14. MOTHER'S MAIDEN NAME: BETTE JEAN GRIFFITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: M.H. DODSON SR. HAGERSTOWN, MD,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0 IMMEDIATE CAUSE (A) Asphyxia DUE TO

ANTECEDENT CAUSE (B) Aspiration of vomitus DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (City or town) (County) 21 (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1955, to 10/2, 1955, that I last saw the deceased alive on 10/1, 1955, and that death occurred at 6:00 A.M, from the causes and on the date stated above.

SIGNATURE Richard A. Conroy M.D. ADDRESS Hagerstown, Md, DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 10/3/55

NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY

LOCATION (City, town, or county) (State) HAGERSTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR Oct 3 1955

REGISTRAR'S SIGNATURE Thos. F. Bowers

24. FUNERAL DIRECTOR RRED W. KRAISS ADDRESS HAGERSTOWN, MD.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10166

10172

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

...NLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... ...ecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 7 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 430 Summit Avenue

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Katie (Last) Doub

4. DATE OF DEATH: (Month) October (Day) 27, (Year) 1955

5. SEX: Feamle

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 22, 1876

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel R. Doub

14. MOTHER'S MAIDEN NAME: Anna Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Catherine Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Fracture (neck) left femur — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): acute pulmonary artery thrombosis — 20 min

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 01 55

19b. MAJOR FINDINGS OF OPERATION: Nail pinning operation left femur

20. AUTOPSY? Yes ☐ No ☒

PHYSICIAN'S OPINION AS TO CAUSE OF DEATH: PRIMARY ☒ CONTRIBUTING ☑

PLACE OF INJURY (Farm, factory, street, office bldg., etc.): at home
(CITY OR TOWN): Hagerstown
(COUNTY): Washington
(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 7 '55 4AM EST

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell on the floor while getting out of bed

22. I certify that I took charge of ... Autopsy ... Inspection ☒ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ..., accident ☒, suicide ..., homicide ..., undetermined ...

SIGNATURE: E. Rokus Mellott M.D. (Degree or title): DEPUTY MEDICAL EXAM. ADDRESS: WASH. CO. 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 10-28-55

TYPE OF DISPOSITION: Burial DATE: 10-30-55 CEMETERY OR CREMATORY: Rose Hill Cemetery LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: Oct. 29, 1955 REGISTRAR'S SIGNATURE: Chas. H. Bowers

23. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10173

10167 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C-2
STREET ADDRESS (If rural give location) 507 Washington Square

3. NAME OF DECEASED: (Type or Print) John (First) Marshall Kreps (Middle) Eichelberger (Last)

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: May 11, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): fireman

10B. KIND OF BUSINESS OR INDUSTRY: Hub Dry Cleaners

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Eichelberger

14. MOTHER'S MAIDEN NAME: Celia Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 162-05-5872

17. INFORMANT & ADDRESS: Paul Eichelberger Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 332.X (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1955 to Oct. 23, 1955 that I last saw the deceased alive on Oct. 23, 1955, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M. D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE BURIED 10-26-55 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, Town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 24 1955 — REGISTRAR'S SIGNATURE Edward H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10174

10202 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 D 16

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Smithsburg
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Smithsburg X 1
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Jane (Last) Flair

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 19 55

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed | 8. DATE OF BIRTH: Feb. 22, 1871 | 9. AGE last birthday 84 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Foxville, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Lewis | 14. MOTHER'S MAIDEN NAME: Hanna Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. - - | 17. INFORMANT & ADDRESS: Mrs. Daisy Folkes, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1955, to 9/1, 1955, that I last saw the deceased alive on 9/30, 1955, and that death occurred at 12:25 A.M., from the causes and on the date stated above.

SIGNATURE Charles F. Ness M.D. ADDRESS M.D. Smithsburg, Md. DATE SIGNED 10/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Oct. 3, 55 | NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery | LOCATION (City, town, or county) (State) Bethel, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 1 - 55 | REGISTRAR'S SIGNATURE Geo W Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Smithsburg

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10168

Dr Wells

10175

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 121 E Antietam St

3. NAME OF DECEASED: (Type or Print) (First) RONALD (Middle) POTELER (Last) GIMPLE
4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Dec 14 1913	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager Ha[illegible]	Paint & Glass Co	Funkstown Md.	USA

13. FATHER'S NAME: Raymond Gimple
14. MOTHER'S MAIDEN NAME: Nellie Emmert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	W.W. # 2	234-01-9818	Mrs Louise H. Gimple

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	multiple closed fracture ribs	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	multiple closed fracture pelvis bones	
	DUE TO (c)	Embolism to lungs	
		acute pulmonary artery thrombosis	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: 19b MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY clubhouse
21c. (City or town) (County) (State) Rural - Hagerstown, Wash Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 28 '55 5:10 PM
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell from roof while painting

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from. Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J Robert Wells M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/11/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 11 1955	Ethel Bowers	Andrew K. Coffman	Hagerstown Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ralph Young

10176

10169

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 28 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown RFD X; STREET ADDRESS (If rural give location) Tilghmanton

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ELLIS (Last) GROVE

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 6 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR, Months; Days. IF UNDER 24 HRS., Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer on Own Farm

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Summit Point W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Grove

14. MOTHER'S MAIDEN NAME: Martha J White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Charles E. Grove

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/55, 19 , to 10/5/55, 19 , that I last saw the deceased alive on 10/2/55, 19 , and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Smithsburg Md. DATE SIGNED 10/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/6/55; NAME OF CEMETERY OR CREMATORY Edge Hill Cemetery; LOCATION (City, town, or county) Charles Town W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 7 1955; REGISTRAR'S SIGNATURE Ernest H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10177

10203 **CERTIFICATE OF DEATH** Reg. Dist. No. B03

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown Rural
LENGTH OF STAY (in this place) 15 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Spring X
STREET ADDRESS (If rural give location) None /

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Merritt Stanley Haines

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 18, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 29, 1879

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Central Chem.

11. BIRTHPLACE (State or foreign country): Lancaster Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Merritt S. Haines

14. MOTHER'S MAIDEN NAME: Lela Feidt Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-16-1457

17. INFORMANT & ADDRESS: Mrs David Ankeney Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic vascular disease — 3-5 yrs.

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral involvement

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign prostatic hypertrophy — 15 yrs. Paralysis agitans — 10 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1955, to Oct. 19, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 2:20 PM M, from the causes and on the date stated above.

SIGNATURE Edward W. Dorsey III, M.D. ADDRESS 217 W. Washington St. DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 21, 1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. Clspg. — LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 20-55 — REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy)

24. FUNERAL DIRECTOR Adrian H. Rowland — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10178

10204 CERTIFICATE OF DEATH Reg. Dist. No. 303

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown-Rural R.W.H.
LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 12-11-2
STREET ADDRESS (If rural give location) 440 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) BAXTER (Last) HARGETT

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 29 Aug 1869

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B KIND OF BUSINESS OR INDUSTRY. Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. Samuel Fenton Hargett

14. MOTHER'S MAIDEN NAME: Emma Catherine Culler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO None

17. INFORMANT & ADDRESS: Earl F. Hargett, 512 Biggs Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4721 (A) Myocardial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterial Sclerosis — 10 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan .., 1932, to Oct 20, 1955, that I last saw the deceased alive on Oct 20, 1955, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

SIGNATURE David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 22 Oct 1955 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Oct 21-55 | REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10179 07

10205

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chewsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Hartle

4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 6, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10B. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Chewsville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Barry M. Hartle

14. MOTHER'S MAIDEN NAME: Emma Harp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Fannie Hartle Chewsville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular

ANTECEDENT CAUSE (S) DUE TO Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1955, to Oct 14 1955, that I last saw the deceased alive on Oct 13, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE A. Scott Hartle ADDRESS Hagerstown Md DATE SIGNED 10-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-16-55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 16 1955

REGISTRAR'S SIGNATURE: Elizabeth Stewart Katherine Degenhart D

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10180

Dr. Ditto II 10170 CERTIFICATE OF DEATH Dr Ditto III Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 No. Foundry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 31 No Foundry St

3. NAME OF DECEASED: (Type or Print) (First) NOAH (Middle) FRANCIS (Last) HENSON

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Nov 10 1886
9. AGE last birthday: 68 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Downsville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Henson
14. MOTHER'S MAIDEN NAME: Anna Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 220-09-7250
17. INFORMANT & ADDRESS: Mrs Viola Scott

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 18 mos

ANTECEDENT CAUSE (B) Metastasis — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) — DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 12, 19 55 that I last saw the deceased alive on Oct. 11, 1955, and that death occurred at 9 00 M, from the causes and on the date stated above.
SIGNATURE Edward W. Ditto III M. D. ADDRESS 217 W. Washington DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/16/55
NAME OF CEMETERY OR CREMATORY River View Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 14, 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10181

10171

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 125 Winter Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUZANNE	LORRAINE	JACOBS	October	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Single	Feburary 20, 1941	14 yrs.	7	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Student		Hagerstown, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Woodrow W. Jacobs	Virginia Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Virginia Anderson Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) 825X	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull & shock	3 hrs.
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN) (COUNTY) (STATE) Rural Marlowe, W. Va - Route # 11
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 7 '55 11 P m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Robert Wells MD	DEPUTY MEDICAL EXAM. WASH. CO. MD.	115 N. Potomac St- Hagerstown, Md.	Oct 8 '55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/11/55	Rose Hill Cemetery	Hagerstown, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 10 1955	Grace Bowers	C. M. Suter & Sons	Hagerstown, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10182

10172

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 83 HAGERSTOWN
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LOCUST GROVE - RURAL X
STREET ADDRESS (If rural give location) KEEDYSVILLE RD.

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) FRANCES (Last) KLINE

4. DATE OF DEATH: (Month) OCTOBER (Day) 7 (Year) 19 55

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: DEC. 24 - 1916
9. AGE last birthday 38-9-14 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): ROWLING N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DR. CECIL I. CORBIN
14. MOTHER'S MAIDEN NAME: MARGARET ELIZABETH McCLELLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 145-14-5164
17. INFORMANT & ADDRESS: FRED KLINE KEEDYSVILLE MD. RT.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
648.3 IMMEDIATE CAUSE
(A) Hypertension
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Eclampsia.
(C)
INTERVAL BETWEEN ONSET AND DEATH: (A) ? (B) √ days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT ~~NOT~~ RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Stillbirth delivered 10/6/55

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1955, to Oct 7, 1955, that I last saw the deceased alive on Oct 7, 1955, and that death occurred at 12.15 AM, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS Boonsboro DATE SIGNED 10/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF OCT-10-1955
NAME OF CEMETERY OR CREMATORY LOCUST GROVE CEMETERY
LOCATION (City, town, or county) (State) LOCUST GROVE WASH. CO. MD

DATE REC'D BY LOCAL REGISTRAR Oct. 10, 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WM. F. BAST AND SONS
ADDRESS BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10183

Dr. Weeks 10173

CERTIFICATE OF DEATH

Reg. Dist. No. 30.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 6 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) 135 McDonas St.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Sara (Last) Lane

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: August 3, 1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Restraunt

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Frank Angelo

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Uremia & acidosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cyst of ovary, atonic bowel

DUE TO (C) old arteriosclerotic heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1955, to Oct. 27, 1955, that I last saw the deceased alive on Oct. 27, 1955, and that death occurred at 5 p. M, from the causes and on the date stated above.

SIGNATURE L. A. Weeks M.D. ADDRESS 136 N. Potomac St. Hagerstown Md. DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-29-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1955

REGISTRAR'S SIGNATURE Elizabeth Edwards

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10184

CERTIFICATE OF DEATH

Reg. Dist. No. 301

10206

Williamsport Sanitarium

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
LENGTH OF STAY (in this place) 1 yr. 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. Potomac St. Williamsport Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 30 Conococheague St.

3. NAME OF DECEASED: (Type or Print) (First) JEANNETTE (Middle) Mae (Last) LeFever

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: May 24, 1865

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR: Months 4 Days 18 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Mentzer

14. MOTHER'S MAIDEN NAME: Matilda Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Samuel LeFever 716 Summit Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Melanosarcoma Rt. arm — 5 Mos.

19A. DATE OF OPERATION: April 55

19B. MAJOR FINDINGS OF OPERATION: Melanosarcoma Rt arm

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1955, to Oct 15 55, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 9.30 PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Williamsport, Md. DATE SIGNED 17 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 18-55 | NAME OF CEMETERY OR CREMATORY Riverview Cemetery | LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Oct 17-55 | REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10185

Dr. Keadle 0174

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 20 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Laryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 26 High Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CATHERINE AGNES LINDER

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 11, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 8, 1884
9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A. Wahlen
14. MOTHER'S MAIDEN NAME: Elizabeth Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. 219-34-5014
17. INFORMANT & ADDRESS: George H. Linder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerosis generalized — ind.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus mild

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19.., to death 19.., that I last saw the deceased alive on 10-12, 1955, and that death occurred at 430P M, from the causes and on the date stated above.
SIGNATURE Elmer J. Keadle M.D. ADDRESS Hagerstown DATE SIGNED 10-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-14-55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 13, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10186

10175 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANTIETAM - RURAL X
STREET ADDRESS (If rural give location) SHARPSBURG MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) MARGARET (Last) LUMM

4. DATE OF DEATH. (Month) OCTOBER (Day) 5 (Year) 1955

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED 8. DATE OF BIRTH: APRIL 7 1911

9. AGE last birthday: 44 yrs. 5 Months 28 Days IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SHARPSBURG WASH. Co. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES EBERSOLE

14. MOTHER'S MAIDEN NAME: MARY HOLMES

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: ELIAS P. LUMM SHARPSBURG MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X

IMMEDIATE CAUSE (A) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Pathema — 2 days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1955, to Oct 5, 1955, that I last saw the deceased alive on Oct 4, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED 10/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF Oct. 8. 1955 | NAME OF CEMETERY OR CREMATORY MT. VIEW CEMETERY | LOCATION (City, town, or county) (State) SHARPSBURG WASH. Co. MD.

DATE RECD BY LOCAL REGISTRAR Oct. 8, 1955 | REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

10176 10187

Dr Edw Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 363

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 5 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 609 Salem Ave

3. NAME OF DECEASED: (First) SUSIE (Middle) MAY (Last) LUTHER

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Nov 14 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Hancock Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lafayette Eichelberger

14. MOTHER'S MAIDEN NAME: Isabella Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Dorothy Eichelberger

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X IMMEDIATE CAUSE (A) Arteriosclerotic vascular disease — 12 yrs

ANTECEDENT CAUSE (B) DUE TO Cerebral arteriosclerosis — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal pneumonia — 4 days

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955, to Oct. 9, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 11 31/60 M, from the causes and on the date stated above.

SIGNATURE Edward W. Dietz III M.D. ADDRESS 212 W. Washington St. DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/12/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct 11 55 | REGISTRAR'S SIGNATURE Leroy M Forkler (Deputy) | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10188

10177

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL-Williamsport RFD#1
STREET ADDRESS (If rural give location): Falling Waters Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Allyson (Last) Maisack

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 10, 1878 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months 4 Days 15 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Brick yard
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Maisack
14. MOTHER'S MAIDEN NAME: Lydia Swinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: 216-07-1221
17. INFORMANT & ADDRESS: Mrs. Daisy M. Maisack, Williamsport RFD #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(A) IMMEDIATE CAUSE: 334X — DUE TO: Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22/55 19 , to 10/25/55 , that I last saw the deceased alive on 10/25/55 19 and that death occurred at 9:25 P.M., from the causes and on the date stated above.

SIGNATURE: Ralph F. Young M.D. ADDRESS: Williamsport DATE SIGNED: 10/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: October 28, 1955
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Near Clearspring Rt. 40

DATE REC'D BY LOCAL REGISTRAR: Oct. 26, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Albert L. Leif
ADDRESS: Williamsport, Md.

10190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10178 Item 9, Film 10-13-55 et

CERTIFICATE OF DEATH

Dr F. W. Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 8 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1635 Sherman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browntown
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) HILLERY (Middle) MANUEL (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Oct 5 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec 25 1877
9. AGE last birthday 77 77 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Browntown Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Washington Manuel
14. MOTHER'S MAIDEN NAME: Nancy Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Mrs H. Manuel 1635 Sherman Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Cardio Vascular Lesion — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-55, to 10-5-55, that I last saw the deceased alive on 10-1-55, and that death occurred at .. M, from the causes and on the date stated above.

SIGNATURE A. W. Otto ADDRESS M. D. Hagerstown DATE SIGNED 10/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 8 1955
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) (State) Front Royal Va.

DATE REC'D BY LOCAL REGISTRAR Oct. 6 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10191

10179

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (In this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9c Jackson Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 38 Charles St.,

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) C (Last) Markell

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Sept. 16, 1865
9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: JW Myers Wholsale Co
11. BIRTHPLACE (State or foreign country): Thurmont, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Markell
14. MOTHER'S MAIDEN NAME: Hannah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Myrtle Frock Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis-Gen — INTERVAL BETWEEN ONSET AND DEATH: Unk.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture left hip — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Oct, 1955 that I last saw the deceased alive on Oct. 6, 1955, and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Louis L Groll M.D. ADDRESS 119 E Antietam DATE SIGNED 10/7/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF Oct. 8, 1955
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 7, 1955
REGISTRAR'S SIGNATURE M. Matt. Bowers
24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10180

CERTIFICATE OF DEATH

10192

Reg. Dist. No. 802

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 9YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 WEST SIDE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 346 WEST SIDE AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) M. (Last) MARTIN

4. DATE OF DEATH: (Month) OCT. (Day) 30 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/19/1870

9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: RETIRED BLDG. CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMP.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SOLOMON MARTIN

14. MOTHER'S MAIDEN NAME: ANNA MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. MARY H. MARTIN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arterio-Sclerotic Heart Disease with myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? No

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to 30 Oct, 1955, that I last saw the deceased alive on 30 Oct, 1955, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. F. Lusby M.D. 230 N Potomac St Hagerstown Md 31 Oct 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/1/55

NAME OF CEMETERY OR CREMATORY Cedar Grove Church Cem.

LOCATION (City, town, or county) Franklin Co. Pa.

(State)

DATE REC'D BY LOCAL REGISTRAR Oct. 31, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR

ADDRESS W. J. Norment, Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■■ is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10207

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10193

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Arnold	McCusker		10	1	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hr.: Hours	Min.
Male	White	Married	May 23 1890	65 yrs.	4	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist Helper	Aircraft	Washington County Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abner McCusker	Sarrah Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes War 1	220-09-7419	Mrs Hazel McCusker R.F.D.1 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Entire left foot torn away

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of Left Fracture of	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) from Entire chest crushed	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	1 1/2 W	11 m West Hancock	Washington	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
10-1-55 9:25 P.m.		Struck while walking in road by passing auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J W Dattz	Asst Dir Md Lic	Hagerstown Md	10/1/55

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10.3.55	Mt Olivet Cemetery	Rural Hancock Washington Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/4/55	J C Keller	Howard F Hess	Hancock Md

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

US. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10195

10181 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (In this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location) WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 25 MEALEY PARKWAY

3. NAME OF DECEASED: (First) CLEMENTINE (Middle) CORNELIA (Last) McPHAIL
4. DATE OF DEATH: (Month) OCTOBER (Day) 17 (Year) 19 55
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 11/21/1873
9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WALTER MERRITT
14. MOTHER'S MAIDEN NAME: JOSEPHINE CONSTANTINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. WALTER McPHAIL HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 422.1 (a) Arteriosclerotic cardiovascular dis. — years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 8 years

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1949 to Oct. 17, 1955, that I last saw the deceased alive on Oct. 17, 1955, and that death occurred at 9:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Oct. 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/19/55 | NAME OF CEMETERY OR CREMATORY Greenridge Cemetery | LOCATION (City, town, or county) (State) Williamsport, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 19, 1955 | REGISTRAR'S SIGNATURE Elizabeth Rowers

24. FUNERAL DIRECTOR W. J. Norman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10196

10208 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 0 6

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Smithsburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Smithsburg
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Jacob (Last) Miller

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 19 55

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Oct. 26, 1871 | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10B. KIND OF BUSINESS OR INDUSTRY: church
11. BIRTHPLACE (State or foreign country): Edgemont
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Miller
14. MOTHER'S MAIDEN NAME: Sarah Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT & ADDRESS: Paul F. Seibert, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — 10 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1955 to Oct 12, 1955 that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 5,30 M, from the causes and on the date stated above.

SIGNATURE G. G. Koontz M.D. ADDRESS Smithsburg DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 10-14-55 | NAME OF CEMETERY OR CREMATORY Welty's Cemetery | LOCATION (City, town, or county) Greensburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 13-55 | REGISTRAR'S SIGNATURE Geo W Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son, Smithsburg ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Hochlander 10182

CERTIFICATE OF DEATH

Reg. Dist. No. 10197

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 435 W. Wilson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 425 W. Wilson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) PEARL (Middle) VIOLA (Last) MILLS

4. DATE OF DEATH: (Month) Oct. (Day) 28, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 21, 1901

9. AGE last birthday 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): ST. James, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Jordon

14. MOTHER'S MAIDEN NAME: Lydia Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. William A. Mills

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis - primary — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) carcinoma of rectum.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb 52

19B. MAJOR FINDINGS OF OPERATION Carcinoma of rectum

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1951, to 10/26, 1955, that I last saw the deceased alive on 10/26, 1955, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE C H Hochlander M. D. ADDRESS H Hagerstown DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — **DATE THEREOF** 10-30-55 — **NAME OF CEMETERY OR CREMATORY** Manor Cemetery — **LOCATION** (City, town, or county) (State) nr. Tilghmanton, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 29 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — **ADDRESS** Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10183

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10198

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY IN THIS PLACE 16 HRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS BUCH EXPRESS CO. 235 MILL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; STREET ADDRESS (If rural, give location) 305B MEMORIAL BLVD.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WILLIS (Last) MORGAN

4. DATE OF DEATH: (Month) OCTOBER (Day) 4 (Year) 55 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11/28/1911

9. AGE Last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTO MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: MOTOR TRUCK CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES WESLEY MORGAN

14. MOTHER'S MAIDEN NAME: EMMA JANE ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service) W.W.#2

16. SOCIAL SECURITY NO.: 214-05-7796

17. INFORMANT AND ADDRESS: MRS. E. MILDRED MORGAN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute coronary thrombosis	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerotic heart disease	8 mos.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	-	

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☑ No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) - (COUNTY) - (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD.

ADDRESS: 115 N. Potomac St- Hagerstown, Md.

DATE SIGNED: 10-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/7/55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Oct 6. 1955

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: W. T. Norcent, Hagerstown, Md.

ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10209

CERTIFICATE OF DEATH

Reg. Dist. No. 10199 2 44

1. PLACE OF DEATH:
County: Washington — Maryland
City or Town (If outside corporate limits, write RURAL and give nearest town): X Sharpsburg
Length of stay (in this place): Ten yrs.
Hospital or Institution or Street Address: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
State: Maryland — County: Washington
City or Town (If outside corporate limits, write RURAL and give nearest town): Sharpsburg — X
Street Address (If rural give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Y. (Last) Neel JR.

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1915

9. AGE last birthday: 40 yrs. — If under 1 year: Months 1, Days 14 — If under 24 hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Rusco Windows

11. BIRTHPLACE (State or foreign country): Barnard, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Y. Neel Sr.

14. MOTHER'S MAIDEN NAME: Nancy Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 412-10-9894

17. INFORMANT & ADDRESS: Mrs. Robert Neel, Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval between onset and death
IMMEDIATE CAUSE	420.1	(A) Coronary Thrombosis	6 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	(B) Coronary Arterio Sclerosis	2 years
	DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: V

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1955 to Oct. 14, 1955, that I last saw the deceased alive on Oct. 13, 1955, and that death occurred at 5:00 A M, from the causes and on the date stated above.

SIGNATURE H. Wangel — ADDRESS M. D. Shepherdstown, W. Va. — DATE SIGNED Oct. 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF:** Oct. 16, 1955 — **NAME OF CEMETERY OR CREMATORY:** Mt. View Cemetery — **LOCATION (City, town, or county) (State):** Sharpsburg, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Oct. 17, 1955 — **REGISTRAR'S SIGNATURE:** E. G. Boyer

24. FUNERAL DIRECTOR: Edith V. Leaf — **ADDRESS:** Williamsport, Md.

DR. LEVAN

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10200

10210

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SAN MAR
LENGTH OF STAY (in this place) 3 YR. 10 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FAHRNEY-KEEDY MEMORIAL HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RINGGOLD X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) H. (Last) NEWCOMER

4. DATE OF DEATH: (Month) OCTOBER (Day) 24 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 21 1876

9. AGE last birthday: 79-6-3 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): RINGGOLD WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN S. NEWCOMER

14. MOTHER'S MAIDEN NAME: SARAH ANN STONER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. C. L. BAYER WAYNESBORO PA. R.5

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1955, to Oct 24, 1955, that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 3:15 P.M, from the causes and on the date stated above.

SIGNATURE AND M. D. G. W. Lillard — ADDRESS Boonsboro — DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: Oct-27-1955

NAME OF CEMETERY OR CREMATORY: RINGGOLD CEMETERY

LOCATION (City, town, or county) (State): RINGGOLD WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Oct. 27. 1955

REGISTRAR'S SIGNATURE: John W. Bell

24. FUNERAL DIRECTOR AND ADDRESS: Walter H. Grove Waynesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10184 **CERTIFICATE OF DEATH** 10201

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 02
STREET ADDRESS (If rural give location) 635 Oak Hill Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) KINGSLEY (Last) NOEL SR.

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 5, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 2 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired President

10B. KIND OF BUSINESS OR INDUSTRY: Victor Products Corp.

11. BIRTHPLACE (State or foreign country): Hancock, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Noel

14. MOTHER'S MAIDEN NAME: Mary E. Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 224-10-8469

17. INFORMANT & ADDRESS: Dr. William Noel Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3:20 P

IMMEDIATE CAUSE (A) Cerebral Arteriosclerosis & Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cholelithiasis — 7 months

19A. DATE OF OPERATION: Oct. 3, 1955

19B. MAJOR FINDINGS OF OPERATION: Cholelithiasis

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2/54, 1954 to Oct 10, 1955, that I last saw the deceased alive on Oct 10, 1955, and that death occurred at 3:25 P M, from the causes and on the date stated above.

SIGNATURE Dalton M Ulty M. D. ADDRESS Hagerstown DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/13/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 12 1955 — REGISTRAR'S SIGNATURE Ethel Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

2 - 200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10185

CERTIFICATE OF DEATH

10202

Reg. Dist. No. 302 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY in this Place: 7 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 655 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 655 S. POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) PERCY (Last) PROUD

4. DATE OF DEATH: (Month) OCTOBER (Day) 1 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6/14/1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: RETIRED TOOL MAKER

10b. KIND OF BUSINESS OR INDUSTRY: VALVE MFGR.

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A. PROUD

14. MOTHER'S MAIDEN NAME: CATHERINE POORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 159-01-0654

17. INFORMANT & ADDRESS: MRS. KATHARINE COBLE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Uremia — Interval Between Onset And Death: 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Benign prostatic hypertrophy and chronic urinary retention — 6 Weeks

(c)

610X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs. Arteriosclerosis, generalized — 2 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1955 to Oct 1, 1955, that I last saw the deceased alive on Sept. 28th, and that death occurred at 4:45 PM EST, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. Layman, M. D. — ADDRESS Hagerstown, Md. — DATE SIGNED Oct. 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/4/55 — NAME OF CEMETERY OR CREMATORY Paxtang Cemetery — LOCATION (City, town, or county) Paxtang (State) Dauphin Pa

DATE REC'D BY LOCAL REGISTRAR Oct. 7, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR A. J. Bonneau & Hagerstown Md. — ADDRESS

10203

MARYLAND STATE DEPARTMENT OF HEALTH

10211

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X MT. LENA - RURAL
LENGTH OF STAY (in this place): 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL X
STREET ADDRESS (If rural, give location): BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) MARIE (Last) REESE

4. DATE OF DEATH: (Month) OCTOBER (Day) -4- (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY-13-1901

9. AGE Last birthday: 54-2-21 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK - TERMINAL PASTRY SHOP.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): CONNELLSVILLE PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB C. FOREMAN

14. MOTHER'S MAIDEN NAME: SARAH B. YOUNKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 219-20-0631

17. INFORMANT AND ADDRESS: JAMES R. REESE BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause	(a) acute coronary occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none
(CITY OR TOWN): - (COUNTY): - (STATE): -
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ----

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 10-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: OCT-6-1955
NAME OF CEMETERY OR CREMATORY: MT. LENA CEMETERY
LOCATION (City, town, or county) (State): MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REG.: OCT 6 1955
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10204

10186 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cearfoss 75X-3
STREET ADDRESS (If rural, give location) RD 2 - Greencastle, Penna.

3. NAME OF DECEASED: (Type or Print) (First) ALTA (Middle) J. (Last) Resley

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 17, 1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Fulton Co., Pa.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ? Smith

14. MOTHER'S MAIDEN NAME: ? Sigel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 212-24-3161

17. INFORMANT & ADDRESS: Floyd Resley Route 2 - Greencastle, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X
Immediate cause (a) Carcinoma of pancreas & resultant metastatic Carcinomatosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Pancreas.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, to 10/7, 1955, that I last saw the deceased alive on 10/6, 1955, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M.D. Greencastle Pa. 10/7/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-10-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. — LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG'R: Oct. 7, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: A.E. Minnich - Greencastle, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10205

10187 CERTIFICATE OF DEATH Dr Ditto Jr Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 05 Hagerstown
LENGTH OF STAY (in this place) 15 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 228 So Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 228 So Mulberry St

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) SHOWE

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 23 1883
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: House Builder
11. BIRTHPLACE (State or foreign country): Tilghmanton Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram Showe
14. MOTHER'S MAIDEN NAME: Amanda Wilkinsdn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-8611
17. INFORMANT & ADDRESS: Mrs Bertha S. Showe

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 442 X (A) DUE TO Cardio Renal Failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1- , 19 55 , to 10-8- , 19 55 , that I last saw the deceased alive on 10-7- , 19 55 , and that death occurred at 4 PM, from the causes and on the date stated above.
SIGNATURE M. D. H. W. Ditto ADDRESS Hagerstown DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-11-55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: OCT 11, 1955
REGISTRAR'S SIGNATURE: Thos. H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS Hagerstown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10206

10188

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give magisterial district) OR TOWN HAGERSTOWN 03 — LENGTH OF STAY (In this place) 3 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK CONV. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PA. — COUNTY FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MERCERSBURG
STREET ADDRESS (If rural, give location) 121 LINDEN AVE.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) C. (Last) SMITH

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1955

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: Nov. 23, 1877

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MERCERSBURG, PA. R.I

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: WM. N. RICHESSON

14. MOTHER'S MAIDEN NAME: FLORENCE R. SPECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm. Richesson Mercersburg Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-55, 19..., to 10-3, 1955, that I last saw the deceased alive on 10-1-, 19..., and that death occurred at 5:24 m., from the causes and on the date stated above.

SIGNATURE: J. Edward Rotz (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 10/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 10/5/55 — NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM. — LOCATION (City, town, or county) (State): MERCERSBURG, FRANKLIN Co., PA.

DATE REC'D BY LOCAL REGISTRAR: Oct. 3, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR, ADDRESS: F. M. Cunningham, Mercersburg Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10212 Item 9, Film 38 10-31-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 10207

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Smithsburg
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Smithsburg X
STREET ADDRESS (If rural give location) RFD #1 /

3. NAME OF DECEASED: (Type or Print) (First) Vada (Middle) May (Last) Smith

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8 DATE OF BIRTH: Feb. 12, 1908

9. AGE last birthday 47 48/ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house word

10B KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos M. Smith

14. MOTHER'S MAIDEN NAME: Clara I. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Mrs. Bertha Garner, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 X IMMEDIATE CAUSE (A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 10 Min

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Rheumatic Heart Disease not Known

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1955 to Oct 24 1955 that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 8A M. from the causes and on the date stated above.

SIGNATURE G. G. Kohler M.D. ADDRESS Smithsburg DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 10-26-55

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

LOCATION (City, town, or county) (State) Wolfsville, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 25-55

REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR Scott F. Ehrich & Son, Hagerstown **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH

10189

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10208

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 721 George Street

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) VICTOR (Last) SODERGREN JR.

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 5, 1938

9. AGE last birthday: 17 yrs. If under 1 year: Months 4, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): High School Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Eugene Victor Sodergren Sr.

14. MOTHER'S MAIDEN NAME: Shirley L. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Shirley West Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) X25X — Interval between onset and death: about 15 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) acute traumatic collapse of lungs
(c) hemorrhage & shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN) (COUNTY) (STATE): Rural -Marlowe, W. Va - R # 11
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 7 55 11 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM.
ADDRESS: WASH. CO., MD. 115 N. Potomac St- Hagerstown, Md.
DATE SIGNED: Oct. 8 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/11/55
NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery
LOCATION (City, town, or county) (State): Boonsboro, Maryland

DATE REC'D BY LOCAL REG.: Oct. 10 1955
REGISTRAR'S SIGNATURE: W. Mark Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons
ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

10213 10209

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Rt. 11 Hagerstown North

2. USUAL RESIDENCE (HOME) OF DECEASED: STREET Country COUNTY Netherlands; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN The Hague; STREET ADDRESS 23 Plein (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GERBEN (Middle) (Last) SONDERMAN

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 29, 1908

9. AGE last birthday: 46 yrs. If under 1 year: Months 9 Days 21 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Test Pilot

10b. KIND OF BUSINESS OR INDUSTRY: FOKker Aircraft

11. BIRTHPLACE (State or foreign country): Smallingerland, Holland

12. CITIZEN OF WHAT COUNTRY? Holland

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Fairchild Aircraft, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

863X

Immediate cause (a) Avulsion of face and portion of skull; crushed chest; multiple open fractures of extremities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerotic coronary heart disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Jet Plane (CITY OR TOWN) (COUNTY) (STATE) Rural -R#11-Hagerstown, Washington, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-20-55 3:40PM EST

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Jet Plane crashed while demonstrating

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) ADDRESS: 115 N. Potomac St- Hagerstown, Maryland DATE SIGNED: 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF: 10/27/1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Westerveld, Holland

DATE REC'D BY LOCAL REG. 10 24 55 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons Hagerstown, Maryland

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10210

10214 CERTIFICATE OF DEATH Reg. Dist. No. 306

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X SMITHSBORO
LENGTH OF STAY (in this place) 5 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS PUBLIC SQUARE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. AETNA - RURAL X
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R. 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) SPRECHER

4. DATE OF DEATH: (Month) OCTOBER (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 15 1891

9. AGE last birthday: 64-7-10 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN - LINE DEPT.

10B. KIND OF BUSINESS OR INDUSTRY: POTOMAC EDISON Co.

11. BIRTHPLACE (State or foreign country): TILGHMANTON WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SPRECHER

14. MOTHER'S MAIDEN NAME: MARY ANN SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 214-10-5351

17. INFORMANT & ADDRESS: MRS. LULA A. SPRECHER HAGERSTOWN MD. R-1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 5 min

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C) Arterio Sclerosis — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1955 to Oct 25, 1955, that I last saw the deceased alive on Oct 25, 1955, and that death occurred at 9.45 P. M. from the causes and on the date stated above.

SIGNATURE G. G. Kohler ADDRESS M. Smithsburg DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct-29-1955 — NAME OF CEMETERY OR CREMATORY MANOR CEMETERY — LOCATION (City, town, or county) (State) NEAR TILGHMANTON WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR Oct. 28-1955 — REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10211

10190 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) Two days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash.Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; STREET ADDRESS (If rural give location) 10 South Conococheague St.

3. NAME OF DECEASED: (Type or Print) (First) Doris (Middle) Irene (Last) Staley

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH Dec. 5, 1954 | 9. AGE last birthday: 0 yrs. | IF UNDER 1 YEAR: Months 10 Days 14 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby | 10B. KIND OF BUSINESS OR INDUSTRY: ---- | 11. BIRTHPLACE (State or foreign country): Hagerstown, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Lee Staley

14. MOTHER'S MAIDEN NAME: Lolita Beid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Address J. Lee Staley Same as 2 Above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

IMMEDIATE CAUSE (A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/55 19... to 10/29/55 ..., that I last saw the deceased alive on 10/29/55, and that death occurred at 5P.M., from the causes and on the date stated above.

SIGNATURE Ralph L. Young M.D. ADDRESS Williamsport, Md. DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 30, 1955 | NAME OF CEMETERY OR CREMATORY Riverview Cemetery | LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1955 | REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10191 CERTIFICATE OF DEATH Dr Baumbach 10212

Reg. Dist. No. 302

Items 13,14 Filed 10-10-55 ef

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3303 Hillsdale Road

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) BYRON (Last) STEHL

4. DATE OF DEATH: (Month) Oct. (Day) 10, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Justus Victor Stehl
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. Walter B. Stehl, Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
540. IMMEDIATE CAUSE	(A) Kidney shut down, uremia	48 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Bleeding gastric ulcer	18 days
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: Sept 26 1950
19B. MAJOR FINDINGS OF OPERATION Bleeding gastric ulcer
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1955, to Oct 10, 19 55 that I last saw the deceased alive on Oct 9th, 1955, and that death occurred at 12:35 PM, from the causes and on the date stated above.
SIGNATURE D. A. Brumbach M.D. ADDRESS Hagerstown Md DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-13-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 12, 1955
REGISTRAR'S SIGNATURE Thad H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10192 **CERTIFICATE OF DEATH** Reg. Dist. No. 10213

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 202 N. Potomac St

3. NAME OF DECEASED: (Type or Print) (First) Wilhelm (Middle) Steigmann (Last)

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Wilhelm Steigmann

14. MOTHER'S MAIDEN NAME: Caroline Himmelmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robinwood Dr. Mrs. Catherine Dinkel Hagerstown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331 X Cerebral Vascular Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 19 55, to 10/27, 19 55, that I last saw the deceased alive on 10/27, 19 55, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. J. Boyer M.D. ADDRESS 135 N. Potomac St. DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/29/55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1955

REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10214

10215

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SAN MAR
LENGTH OF STAY (in this place) 3 YR. 6 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 FAHRNEY-KEEDY MEMORIAL HOME BOONSBORO MD. R.2.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAN MAR X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) LOLA (Middle) DUTROW (Last) STEM

4. DATE OF DEATH: (Month) (Day) (Year) OCTOBER - 30 - 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY - 25 - 1871
9. AGE last birthday: 84-3-5 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE - GUEST AT HOME FOR AGED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MIDDLETOWN FRED. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL L. DUTROW
14. MOTHER'S MAIDEN NAME: MARY J. CRONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HOWARD F. SICKLER CAMP HILL PENNA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4 0.0
(A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 192, to Oct 30, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 11 A. M, from the causes and on the date stated above.
SIGNATURE G W Dillman ADDRESS M. D. Boonsboro DATE SIGNED 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: NOV. 2. 1955
NAME OF CEMETERY OR CREMATORY: GREEN HILL CEMETERY
LOCATION (City, town, or county) (State): WAYNESBORO PENNA.

DATE REC'D BY LOCAL REGISTRAR: NOV. 2. 1955
REGISTRAR'S SIGNATURE: John E. Bell
24. FUNERAL DIRECTOR ADDRESS: WALTER Y. GROVE WAYNESBORO PENNA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10215

10193

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C5
STREET ADDRESS (If rural give location) 1749 Penna. Ave. 1

3. NAME OF DECEASED: (Type or Print) First: HARVEY (Middle): Calvin (Last): STOVER

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/13/76

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albertus Stover

14. MOTHER'S MAIDEN NAME: Martha Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-09-9843

17. INFORMANT & ADDRESS: Elsie Kisiel 1749 Penna Ave Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE — (A) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO Arteriosclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1955, to Oct. 29, 1955, that I last saw the deceased alive on Oct. 29, 1955, and that death occurred at . . P.M., from the causes and on the date stated above.

SIGNATURE L. N. Wolfe M.D. ADDRESS 136 N. Potomac Hagerstown Md. DATE SIGNED 10/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 11/1/55

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 31, 1955

REGISTRAR'S SIGNATURE: Ethel H. Beevers

24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel Inc ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10216

10216 CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. KOHLER

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BEAVER CREEK-RURAL-LIFE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ED HAGERSTOWN MD. R-1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER CREEK - RURAL X
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R. 1

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) E (Last) SUMAN

4. DATE OF DEATH: (Month) OCTOBER (Day) 13, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 28 1867

9. AGE last birthday: 88 Yrs. 5 Mos. 15 Ds. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BEAVER CREEK WASH. Co. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MILTON WITMER

14. MOTHER'S MAIDEN NAME: SARAH ANN FOLTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. ABNER PAULSGROVE HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 416X	(A) Pulmonary Infarction	48 hrs
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Aortic Arteriosclerosis (Poly)	15 yrs
	(C) DUE TO Rheumatic Heart Disease	40 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1955, to Oct 13, 1955, that I last saw the deceased alive on Oct 13, 1955, and that death occurred at 3 A M, from the causes and on the date stated above.

SIGNATURE G G Kohler M. D. ADDRESS Smithsburg DATE SIGNED 10/14/55 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: Oct. 15 1955

NAME OF CEMETERY OR CREMATORY: CHURCH OF THE BRETHREN CEMETERY

LOCATION (City, town, or county) (State): BEAVER CREEK WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Oct. 15. 1955

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

10217

MARYLAND STATE DEPARTMENT OF HEALTH

10217

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Rural | LENGTH OF STAY (In this place) Day Labor
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hancock Md Road #522

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W Va COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Berkeley Springs
STREET ADDRESS (If rural, give location) X-2

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Luther	Preston	Swaim	Oct.	6	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Nov. 7 1902	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator for W Va	State Road Com.	W Va	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W. O Swaim	Mary Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs Lula Swaim

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary thrombosis	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
None		

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None			m.		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	Hagerstown, Maryland	Oct. 7 '55

DISPOSITION (Burial, Cremation, Removal (Specify))	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/9/55	Rosemont Cemetery	

DATE RECEIVED LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/7/55	J. A. Wells	F. D. Parks	Berkeley Springs W Va

VS. A15A

10218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Bell 10194

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 231 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) CALVIN (Middle) LEONARD (Last) THUMMA

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 29, 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Md.R.R. Retired

11. BIRTHPLACE (State or foreign country): Shippensburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Thumma

14. MOTHER'S MAIDEN NAME: Catherine Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Alvin F. Thumma

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign prostatic hypertrophy

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1955, to Oct. 12, 1955, that I last saw the deceased alive on Oct. 12 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE M. D. R. A. Bell ADDRESS Hagerstown, Md. DATE SIGNED Oct. 12. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-15-55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1955 | REGISTRAR'S SIGNATURE C. Grant Bowers | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10213

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hocklander

10195 **CERTIFICATE OF DEATH** Reg. Dist. No 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 6 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 900 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) HIRAM (Middle) BENJAMIN (Last) WANTZ

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower | 8. DATE OF BIRTH: Dec 31 1891 | 9. AGE last birthday 63 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Wantz Dist | 10B. KIND OF BUSINESS OR INDUSTRY: Corp Self Employed | 11. BIRTHPLACE (State or foreign country): Highfield Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles L. Wantz

14. MOTHER'S MAIDEN NAME: Flora Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-9399

17. INFORMANT & ADDRESS: Richard G. Wantz 37 Laurel St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 23 Oct, 1955, that I last saw the deceased alive on 23 Oct, 1955; and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE M. D. Elder Hocklander ADDRESS DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-55	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR 10-26-1955 | REGISTRAR'S SIGNATURE Chas. Stoever | 24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10220

10218

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Highfield
LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 88

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) A. (Last) Warren

4. DATE OF DEATH: (Month) October (Day) 6, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 30, 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Fountaindale Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Warren

14. MOTHER'S MAIDEN NAME: Fannie Tressler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 183-07-3631

17. INFORMANT & ADDRESS: Mrs. Minnie Warren, Highfield Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 19 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1955 to Oct. 6, 1955 that I last saw the deceased alive on Oct. 6, 1955, and that death occurred at 11:10 A M, from the causes and on the date stated above.

SIGNATURE Robert A. Thurlow M. D. ADDRESS New Radnor Summit Pa. DATE SIGNED Oct 6 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/9/55

NAME OF CEMETERY OR CREMATORY Rest Haven

LOCATION (City, town, or county) (State) Hagerstown, Washington Md.

DATE REC'D BY LOCAL REGISTRAR Oct 7-55

REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR, ADDRESS Walter Y. Grove, Waynesboro Pa.

10196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10221

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rt 4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lizzie (Middle) — (Last) Hinkle

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid | 8. DATE OF BIRTH: 3-25-1871 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Geo Leary
14. MOTHER'S MAIDEN NAME: Lizzie Fiery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Winston Hinkle, Sandy Hook Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1 Immediate cause	(a) Circulatory failure - Cardiac failure - Pneumonia Bacilar	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of head of pancreas - duodenal fistula	2 months +
	(c) Upper abdominal peritonitis, malnutrition, alkalosis	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis of aorta

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-9-55; 9-16-55; 10-3-55	Carcinoma head of pancreas, gallstones, pancreatitis, hemorrhagic duct. chronic & subacute	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 19 55, to Oct. 4, 19 55 that I last saw the deceased alive on Oct. 4, 19 55, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Omar Daniel Snyder Jr. M.D. 314 N. Potomac St. Hagerstown Maryland 10-5-55.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 - 7 - 55	St. Luke	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 4 1955	Chas. H. Powers	C. H. Cook & Son	Funeral Home Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10219 **CERTIFICATE OF DEATH** Reg. Dist. No. 10222

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural, Smithsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg Md., #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Smithsburg X
STREET ADDRESS (If rural give location) 1
Smithsburg Md., #2

3. NAME OF DECEASED: (Type or Print) (First) Dwan (Middle) William (Last) West

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 8, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months 4 Days 23 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro, (Penna.)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard West

14. MOTHER'S MAIDEN NAME: Shirley Rae Toms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Richard West, Smithsburg Md. #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.5

IMMEDIATE CAUSE (A) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: 4½ mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastroenteritis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1955, to 10/31, 1955 that I last saw the deceased alive on 10/30, 1955, and that death occurred at 6:00 AM, from the causes and on the date stated above.

SIGNATURE Charles F. Hess M. D. ADDRESS Smithsburg, Md. DATE SIGNED 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/2/55

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) (State) Smithsburg, Frederick Md. #2

DATE REC'D BY LOCAL REGISTRAR 11-1-55

REGISTRAR'S SIGNATURE Geo W Ferguson

24. FUNERAL DIRECTOR ADDRESS Walter Y. Stoner, Waynesboro Pa.

9406599U

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10223

10197

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 16½ S. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) Jamie (Middle) Lee (Last) Whittington

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-11-55

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Butler Whittington

14. MOTHER'S MAIDEN NAME: Lissa Lee Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James Butler Whittington-Same as 3 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Spinal + Cistenal fluid grossly blood immediately after death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1955, to 10/12, 1955, that I last saw the deceased alive on 10/12, 1955, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. M. Pacor M.D. ADDRESS: 302 N. Potomac Hagerstown DATE SIGNED: Oct 13 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 13, 1955 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Williamsport, Md.

DATE REC'D BY LOCAL REG'R: Oct. 12, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10198 **CERTIFICATE OF DEATH** Reg. Dist. No. 10224 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 126 North Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) JAY (Middle) ROBERT (Last) WINGERD

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 28, 1917

9. AGE last birthday 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Chambersburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otis R. Wingerd

14. MOTHER'S MAIDEN NAME: Edna R. Saum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-32-5130

17. INFORMANT & ADDRESS: Mrs. Mary Jane Wingerd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/55 19..., to 10/21/55 19..., that I last saw the deceased alive on 10/21/55, and that death occurred at 5 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Williamsport, Md. DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-24-55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 22, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10220

CERTIFICATE OF DEATH

10225

Reg. Dist. No. 302-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown-Rural
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Homewood Nursing Home William Port Md. Rt #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont 10X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) L (Last) Wissler

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 3-25-73
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-H School Art
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thurmont Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Wissler
14. MOTHER'S MAIDEN NAME: Cornelia Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Homewood records - Md Rt #2 William-port

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X
(A) DUE TO Hypertension Cardio Vascular Renal — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 19[illegible], to 10-4, 19[illegible], that I last saw the deceased alive on 5-26, 19[illegible], and that death occurred at 5 A M, from the causes and on the date stated above.
SIGNATURE J. E. Wissler ADDRESS M.D. Hagerstown Md DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 4 1955
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) (State) Thurmont Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 5, 1955
REGISTRAR'S SIGNATURE Chas. K. Bowers
24. FUNERAL DIRECTOR H. S. George Son
ADDRESS Thurmont Md